

SUBJECT: SUICIDE PREVENTION

ORIGINATING OFFICE: DEPUTY SUPERINTENDENT, EDUCATION SERVICES

EFFECTIVE: MAY 8, 2018

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**JUNE 9, 2020**

The Governing Board recognizes that suicide is a leading cause of death among youth and that school personnel who regularly interact with students are often in a position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance. In an effort to reduce suicidal behavior and its impact on students and families, the Superintendent or designee shall develop measures and strategies for suicide prevention, intervention, and postvention.

In developing measures and strategies for use by the district, the Superintendent or designee may consult with school health professionals, school counselors, school psychologists, school social workers, administrators, other staff, parents/guardians, students, local health agencies, mental health professionals, and community organizations.

Such measures and strategies shall include, but are not limited to:

Staff development on suicide awareness and prevention for teachers, school counselors, and other district employees who interact with students.

1. Prevention instruction to students in problem-solving and coping skills to promote students' mental, emotional, and social health and well-being, as well as instruction in recognizing and appropriately responding to warning signs of suicidal intent in others
2. The district's comprehensive health education program shall promote the healthy mental, emotional, and social development of students and shall be aligned with the state content standards and curriculum framework. Suicide prevention instruction shall be incorporated into the health education curriculum at appropriate secondary grades and shall be designed to help students:
  - a. Identify and analyze signs of depression and self-destructive behaviors and understand how feelings of depression, loss, isolation, inadequacy, and anxiety can lead to thoughts of suicide

- b. Develop coping and resiliency skills and self-esteem
  - c. Learn to listen, be honest, share feelings, and get help when communicating with friends who show signs of suicidal intent
  - d. Identify trusted adults, school resources, and/or community crisis intervention resources where youth can get help and recognize that there is no stigma associated with seeking services for mental health, substance abuse, and/or suicide prevention
- 3. Methods for promoting a positive school climate that enhances students' feelings of connectedness with the school and that is characterized by caring staff and harmonious interrelationships among students
  - 4. The provision of information to parents/guardians regarding risk factors and warning signs of suicide, the severity of the youth suicide problem, the district's suicide prevention curriculum, basic steps for helping suicidal youth, and/or school and community resources that can help youth in crisis

### **Intervention**

Such intervention measures and strategies include, but are not limited to:

- 1. Encouragement for students to notify appropriate school personnel or other adults when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions
- 2. Crisis intervention procedures for addressing suicide threats or attempts
- 3. Statements regarding suicidal intent shall be taken seriously. Whenever a staff member suspects or has knowledge of a student's suicidal intentions based on the student's verbalizations or act of self-harm, the staff member shall promptly notify the principal or school counselor, who shall implement district intervention protocols as appropriate.
  - a. Although any personal information that a student disclosed to a school counselor shall generally not be revealed, released, reference, or discussed with third parties, the counselor may report to the principal or student's parents/guardians when there is a reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the student or others within the school community. In addition, the counselor may disclose information of a personal nature to psychotherapists, other health care providers, or the

school nurse for the sole purpose of referring the student for treatment.  
(Education Code 49602)

4. School employees shall act only within the authorization and scope of their credential or license. An employee is not authorized to diagnose or treat mental illness unless specifically licensed and employed to do so. (Education Code 215)
5. Whenever schools establish a peer counseling system to provide support for students, peer counselors shall receive training that includes identification of the warning signs of suicidal behavior and referral of a suicidal student to appropriate adults.
6. When a suicide attempt or threat is reported, the principal or designee shall ensure student safety by taking the following actions:
  - a. Immediately securing medical treatment and/or mental health services as necessary
  - b. Notifying law enforcement and/or other emergency assistance if a suicidal act is being actively threatened
  - c. Keeping the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene
  - d. Removing other students from the immediate area as soon as possible
  - e. The principal or designee shall document the incident in writing, including the steps that the school took in response to the suicide attempt or threat.
  - f. The Superintendent or designee shall follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed. If the parent/guardian does not access treatment for the student, the Superintendent or designee may meet with the parent/guardian to identify barriers to treatment and assist the family in providing follow-up care for the student. If follow up care is still not provided, the Superintendent or designee shall consider whether it is necessary, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.
7. For any student returning to school after a mental health crisis, the principal or designee and/or school counselor may meet with the parents/guardians and, if appropriate, with the student to discuss re-entry and appropriate next steps to

ensure the student's readiness for return to school and determine the need for ongoing support.

### **Postvention**

Such postvention measures and strategies include but are not limited to:

1. Counseling and other postvention strategies for helping students, staff, and others cope in the aftermath of a student's suicide
2. The Superintendent or designee shall communicate with the student's parents/guardians to offer condolences, assistance, and resources. In accordance with the laws governing confidentiality of student record information, the Superintendent or designee shall consult with the parents/guardians regarding facts that may be divulged to other students, parents/guardians, and staff.
3. The Superintendent or designee shall implement procedures to address students' and staff's grief and minimize the risk of imitative suicide or suicide contagion. The Superintendent or designee shall provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. School staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.
4. Any response to media inquiries shall be handled by the district-designated spokesperson who shall not divulge confidential information. The district's response shall not sensationalize suicide and shall focus on the district's postvention plan and available resources.
5. After any suicide or attempted suicide by a student, the Superintendent or designee shall provide an opportunity for all staff who responded to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

As appropriate, these measures and strategies shall specifically address the needs of students who are at high risk of suicide, including, but not limited to, students who are bereaved by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning youth. (Education Code 215)

District employees shall act only within the authorization and scope of their credential or license. Nothing in this policy shall be construed as authorizing or encouraging district

employees to diagnose or treat mental illness unless they are specifically licensed and employed to do so. (Education Code 215)

The Board shall review, and update as necessary, this policy at least every five years. (Education Code 215)

The Superintendent or designee shall post this policy on the district's web site, in a prominent location and in a manner that is easily accessible to parents/guardians and students. (Education Code 234.6)

Legal Reference:

EDUCATION CODE

215 *Student suicide prevention policies*

215.5 *Suicide prevention hotline contact information on student identification cards*

216 *Suicide prevention online training programs*

32280-32289 *Comprehensive safety plan*

49060-49079 *Student records*

49602 *Confidentiality of student information*

49604 *Suicide prevention training for school counselors*

GOVERNMENT CODE

810-996.6 *Government Claims Act*

PENAL CODE

11164-11174.3 *Child Abuse and Neglect Reporting Act*

WELFARE AND INSTITUTIONS CODE

5698 *Emotionally disturbed youth; legislative intent*

5850-5883 *Mental Health Services Act*

COURT DECISIONS

*Corales v. Bennett (Ontario-Montclair School District), (2009) 567 F.3d 554*

Management Resources:

**CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS**

*Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve, 2008*

*Health Framework for California Public Schools, Kindergarten Through Grade Twelve, 2003*

**CENTERS FOR DISEASE CONTROL AND PREVENTION PUBLICATIONS**

*School Connectedness: Strategies for Increasing Protective Factors Among Youth, 2009*

**NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS PUBLICATIONS**

*Preventing Suicide: Guidelines for Administrators and Crisis Teams, 2015*

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLICATIONS**

*National Strategy for Suicide Prevention: Goals and Objectives for Action, rev. 2012*

*Preventing Suicide: A Toolkit for High Schools, 2012*

**WEB SITES**

*American Association of Suicidology: <http://www.suicidology.org>*

*American Foundation for Suicide Prevention: <http://afsp.org>*

*American Psychological Association: <http://www.apa.org>*

*American School Counselor Association: <http://www.schoolcounselor.org>*

*California Department of Education, Mental Health: <http://www.cde.ca.gov/ls/cg/mh>*

*California Department of Health Care Services, Suicide Prevention*

*Program: <http://www.dhcs.ca.gov/services/MH/Pages/SuicidePrevention.aspx>*

*Centers for Disease Control and Prevention, Mental*

*Health: <http://www.cdc.gov/mentalhealth>*

*National Association of School Psychologists: <http://www.nasponline.org>*

*National Institute for Mental Health: <http://www.nimh.nih.gov>*

*Trevor Project: <http://thetrevorproject.org>*

*U.S. Department of Health and Human Services, Substance Abuse and Mental Health  
Services Administration: <http://www.samhsa.gov>*